From ethical challenges to a matter of rights

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From ethical challenges to a matter of rights

Karla Perez Portilla and Lee Knifton argue that the mainstream media's stigmatisation of people with mental health problems needs to be countered.

Demeaning language and stereotypical representations of mental ill-health in the media are not value neutral, nor do they exist in isolation or without repercussions. The frequent association of mental illness with violence and the use of demeaning representations and language, such as 'nutter', 'maniac' or 'schizo' are built on, create and reproduce mental health stigma. They can inform and justify the way in which people with mental health problems are, or ought to be, treated in their everyday lives which perpetuate self, public and structural discrimination.

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Mental health-related adjectives such as ‘mad’, ‘crazy’ and ‘mental’ are gratuitously and uncritically used in everyday conversations by ordinary people and in the media in order to make reference to abnormality, dangerousness, silliness, exaggerated behaviours, extravagance, ridiculous situations and so on. This is so ‘normalised’ that they are barely even recognised. In relation to popular culture, for example, Kasabian’s music video ‘You’re in love with a psycho’ released in March 2017, is a reminder of an existing plethora of demeaning stereotypes around mental health and mental health hospitals. The music video is built on and risks fuelling mental health stigma. It features two of the band members playing patients in a psychiatric ward. It brings together all sorts of stereotypes and demeaning representations with no apparent intention to portray reality but to grab attention instead through some sort of comedy and shock. The video portrays stereotypical annoying/silly behaviours, sluggish facial expressions, lethargic ways of walking and behaving. It even demeans patients by showing on occasions their visibly naked bodies underneath light hospital garments (McGrath 2017).

These demeaning and stereotypical representations stigmatise people with mental health problems and cause harm in and of themselves. They harm the self- and social-esteem of those who have lived experience of mental ill-health. As Perez Portilla argues:

> Discriminatory speech [mental health stigma in everyday life and in the media as outlined here] inflicts a harm in and of itself. In this sense, it is not ‘just speech’ but a form of discrimination that demeans reputation, a practice of ‘cultural segregation’; a kind of ‘punch’ to the self- and social-esteem of the target groups. It promotes their disadvantage; it is a verbal form that inequality takes and a link in systemic discrimination that keeps target groups in subordinated positions. Therefore, the harm

> of discriminatory speech is not only what it says but what it does (Perez Portilla 2016: 139).

Discrimination, for example, in the access and enjoyment of goods, services, education and employment does not occur in a cultural vacuum. As Bhikhu Parekh has put it:

> Discriminatory treatment of and hostility against a section of our fellow-citizens, which we rightly disapprove of, do not occur in a cultural vacuum. They grow out of and are legitimised by a wider moral climate which is built up and sustained by, among other things, gratuitously disparaging and offensive remarks, each individually perhaps good-humoured and tolerable but all collectively contributing to the dehumanisation or demonization of the relevant groups (Parekh 2006: 314).

Even though Parekh did not specifically speak about mental health stigma, his comments appear apposite. Moreover, the fact that mental health stigma is not yet sufficiently recognised as a pervasive ground of discrimination is a telling story about the invisibility of the harm, both in legal anti-discrimination literature and, indeed, when compared to other pervasive grounds of discrimination such as gender and race.

Furthermore, when national campaigns to address media stigma have been undertaken by government or civil society they have not always reduced discriminatory reporting. For example, in our study of media reporting trends in Scotland we demonstrated reductions in representations of dangerousness but that this led to increases in other negative representations about people with mental health conditions, for example that people are not capable of working or maintaining relationships. There were also reductions in positive reporting about people with mental health conditions (Knifton and Quinn 2008).

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What is to be done?

Now that we have explored the harm in question, we would like to move to an exploration of what can be done about it. In the UK, there are media regulatory bodies for radio and TV (Ofcom), advertising (ASA) and the press (IPSO and Impress). They all have some varying level of independence from the government and this is predicated, amongst other things, upon the need to safeguard freedom of expression. Therefore, content which is not expressly forbidden in laws, such as the Public Order Act 1986 in relation to hate speech, is then 'self-regulated'. Although generally aimed at protecting freedom of expression, self-regulation also includes responsibilities *vis a vis* the audience; for example, obligations to have 'editors' codes' which would indicate the kind of content that can be disputed and to establish fair adjudicating mechanisms.

Mental health stigma in radio, TV, advertisements and the press

In relation to demeaning and stereotypical representations of vulnerable groups, all the regulatory bodies mentioned above have clauses within their editors' codes. Ofcom (2015), for example, has a section called 'Harm and offence':

In applying generally accepted standards, broadcasters must ensure that material which may cause offence is justified by the context. Such material may include, but is not limited to, offensive language, violence, sex, sexual violence, humiliation, distress, violation of human dignity, discriminatory treatment or language (for example, on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation, and marriage and civil partnership).

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However, although it is not impossible to bring a complaint, mental health stigma is not expressly recognised. Something similar happens when it comes to advertising – where the potential harm caused by mental health stigma in adverts has been mentioned only tangentially. For example, in 2004 the Radio Advertising Standards Code included a provision which suggested that 'those who have physical, sensory, intellectual or mental health disabilities should not be demeaned or ridiculed' (Section 2.9: 'Good taste, decency and offence to public feeling'). This code is no longer in force having been replaced in 2010 by the Code for Broadcast Advertising. Currently, the equivalent provision is less specific. It establishes that 'advertisements must not cause serious or widespread offence against generally accepted moral, social or cultural standards; must not condone or encourage harmful discriminatory behaviour or treatment; and must not prejudice respect for human dignity' (Section 4: 'Harm and offence', see 4.2 and 4.8).

Whilst disability is often mentioned within standards codes – and mental ill-health can constitute a form of disability – mental health stigma is particularly insidious, normalised and, therefore, often represents distinct challenges that need to be recognised. For example, the ASA Non-Broadcast Code (2017), Section 4: 'Harm and offence', establishes that:

> Marketing communications must not contain anything that is likely to cause serious or widespread offence. Particular care must be taken to avoid causing offence on the grounds of race, religion, gender, sexual orientation, disability or age.

Yet mental health is not expressly mentioned. IPSO and Impress do refer to mental health within their 'discrimination' clauses. However, the press is the type of media over which the government has the least control. Moreover, press regulation in the UK has, for the past five

years, been in some disarray following the Hackgate controversy and the resulting Leveson Inquiry (see Leveson 2012, Perez Portilla 2016: 187-196). The discrimination clause in both regulators' codes is almost written in the same terms. IPSO's Editors' Code of Practice (2016) Clause 12 reads:

> The press must avoid prejudicial or pejorative reference to an individual's race, colour, religion, sex, gender identity, sexual orientation or to any physical or mental illness or disability.

This clause, however, like that of Impress, only protects individuals and not groups. Consequently, when the pejorative reference to people with mental health problems does not refer to an individual in particular, it cannot be contested using this clause.

Self-harm and death by suicide

In relation to self-harm and death by suicide, regulators have been more explicit. For example, Ofcom, IPSO and Impress have regulations in this regard while the National Union of Journalists (Scotland) has produced a *Guide for responsible reporting on mental health, mental illness and death by suicide* (2014). These are positive initiatives. However, mental health stigma is broader than that and a more nuanced approach is possible and necessary.

Mental health stigma in social media

Regarding the internet, and in particular, social media, companies that offer Web 2.0 services such as Google, YouTube and Facebook, tend to be more lenient with the type of content

they allow. Facebook, for example, focuses on hate speech and, therefore, leaves any other 'less inflammatory' materials and comments untouched. Its community standards establish that they would 'remove content that directly attack people based on their race, ethnicity, national origin, religious affiliation, sexual orientation, sex, gender or gender identity, or serious disabilities or diseases'. As can be seen people can only report hate speech on these grounds and mental health stigma is not contemplated. It also then misses the wider set of subtle negative representations that can be extremely damaging.

Conclusion

We believe that mental health stigma should be more clearly recognised as a pervasive ground of discrimination and the public should have the possibility of bringing complaints against material that may be built on and further fuel mental health stigma. Complaining is not necessarily or even remotely about seeking censorship or punishment but about politicising culture, it is about bringing counter-arguments and more experiences to mainstream media. In the end, it is a matter of fairness and a necessary means to tackle mental health stigma and discrimination.

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